

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17a | <input type="checkbox"/> 17b | <input type="checkbox"/> 17c | <input type="checkbox"/> 17d | <input type="checkbox"/> 18 |
| <input type="checkbox"/> 19a | <input type="checkbox"/> 19b | <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

CARLY FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)

PATRICIA RUPPRECHT

Mailing Address 601 ROYALE CT

| | | |
|------|-------|------------|
| City | State | Zip Code |
| TROY | NY | 12180-8537 |

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Transaction ID : SA17.244665

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 7 | | 2 | 0 | 1 | 5 |

CONTRIBUTION

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

KATHLEEN RUSKO

Mailing Address 4 OCEAN DRIVE WEST

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| BRIGANTINE | NJ | 08203-1110 |

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Transaction ID : SA17.247711

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 7 | | 2 | 0 | 1 | 5 |

CONTRIBUTION

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)

MR. ARTHUR N. RYAN

Mailing Address 119 MT. PLEASANT AVENUE

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| GLOUCESTER | MA | 01930-4500 |

FEC ID number of contributing federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1300.00

Transaction ID : SA17.245403

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | | 0 | 7 | | 2 | 0 | 1 | 5 |

CONTRIBUTION

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....

350.00

Total This Period (last page this line number only).....